

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | TD       |        | 9-19-00 |
| O.I.P.E. CLASSIFIER       |          | 10     | 9-29-00 |
| FORMALITY REVIEW          | JW       | 68796  | 11-8-00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

INDEX OF CLAIMS

✓ ..... Rejected      - N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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